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**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

### Office Action Summary

**Application No.**

10/660,934

**Applicant(s)**

STREEPY, LARRY V.

**Examiner**

DILEK B. COBANOGU

**Art Unit**

3626

**Period for Reply** -- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

**Status**

- 1) ☒ Responsive to communication(s) filed on 04 December 2008.
- 2a) ☒ This action is **FINAL**. 2b) ☐ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

**Disposition of Claims**

- 4) ☒ Claim(s) 31-43, 46-48 and 51 is/are pending in the application.
- 4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.
- 5) ☐ Claim(s) \_\_\_\_\_ is/are allowed.
- 6) ☒ Claim(s) 31-43, 46-48 and 51 is/are rejected.
- 7) ☐ Claim(s) \_\_\_\_\_ is/are objected to.
- 8) ☐ Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

**Application Papers**

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on \_\_\_\_\_ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
- Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
- Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

**Priority under 35 U.S.C. § 119**

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some \* c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
  2. ☐ Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.
  3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

\* See the attached detailed Office action for a list of the certified copies not received.

**Attachment(s)**

- 1) ☒ Notice of References Cited (PTO-892)
- 2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
- 3) ☐ Information Disclosure Statement(s) (PTO/SB-08)  
Paper No(s)/Mail Date \_\_\_\_\_
- 4) ☐ Interview Summary (PTO-413)  
Paper No(s)/Mail Date \_\_\_\_\_
- 5) ☐ Notice of Informal Patent Application
- 6) ☐ Other: \_\_\_\_\_

## DETAILED ACTION

### *Notice to Applicant*

1. This communication is in response to the amendment received on 12/04/2008.

Claim 51 has been newly added. Claims 31-43, 46-48 and 51 are pending in this application.

### *Double Patenting*

2. The nonstatutory double patenting rejection is based on a judicially created doctrine grounded in public policy (a policy reflected in the statute) so as to prevent the unjustified or improper timewise extension of the "right to exclude" granted by a patent and to prevent possible harassment by multiple assignees. A nonstatutory obviousness-type double patenting rejection is appropriate where the conflicting claims are not identical, but at least one examined application claim is not patentably distinct from the reference claim(s) because the examined application claim is either anticipated by, or would have been obvious over, the reference claim(s). See, e.g., *In re Berg*, 140 F.3d 1428, 46 USPQ2d 1226 (Fed. Cir. 1998); *In re Goodman*, 11 F.3d 1046, 29 USPQ2d 2010 (Fed. Cir. 1993); *In re Longi*, 759 F.2d 887, 225 USPQ 645 (Fed. Cir. 1985); *In re Van Ornum*, 686 F.2d 937, 214 USPQ 761 (CCPA 1982); *In re Vogel*, 422 F.2d 438, 164 USPQ 619 (CCPA 1970); and *In re Thorington*, 418 F.2d 528, 163 USPQ 644 (CCPA 1969).

3. A timely filed terminal disclaimer in compliance with 37 CFR 1.321(c) or 1.321(d) may be used to overcome an actual or provisional rejection based on a nonstatutory double patenting ground provided the conflicting application or patent either is shown to be commonly owned with this application, or claims an invention made as a result of activities undertaken within the scope of a joint research agreement.

4. Effective January 1, 1994, a registered attorney or agent of record may sign a terminal disclaimer. A terminal disclaimer signed by the assignee must fully comply with 37 CFR 3.73(b).

5. Amended claims 31, 41 and 46 are rejected on the ground of nonstatutory obviousness-type double patenting as being unpatentable over claim 1 of U.S. Patent No. 7,120,646. Although the conflicting claims are not identical, they are not patentably distinct from each other because claims only differ based on "displaying in a second window adjacent to the first window" is an obvious version of "displaying the selected

health language concept object in a first viewing area" and "positioning all second, third and fourth images in locations around the first image such that the first image comprises a geometrical center in the first window relative to all symbols on the display". It would have been obvious to one having ordinary skill in the art at the time of the invention to include "display a second window adjacent to the first window" with the motivation of viewing the data in the different windows or areas at the same time.

6. Also, amended claims 31, 41 and 46 recite "receiving a selection of a medical concept with a computer for display on the display device; in response to the receiving the selection of the medical concept, the computer: displaying a first image in a first window with the display device comprising an alphanumeric string representing the selected medical concept; displaying one or more second images with the display device and along one or more respective geometrical rays originating from a central region of the first image, each second image comprising an alphanumeric string representing a parent concept of the selected medical concept and displaying a first symbol on the display device along each respective geometrical ray originating from the central region of the first image; and Claim 1 of patent 7,120,464 recite the same limitations.

***Claim Rejections - 35 USC § 101***

7. The 35 USC 101 rejections have been withdrawn due to the amendments made to the claims.

***Claim Rejections - 35 USC § 103***

8. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

9. Claims 31-32, 34-36, 40 and 46-47 are rejected under 35 U.S.C. 103(a) as being unpatentable over Dorne (U.S. Patent No. 5,325,293) in view of Weinberg et al. (hereinafter Weinberg) (U.S. Patent No. 6,237,006 B1).

A. Claim 31 has been amended now to recite In a computer system, a computer-implemented method for displaying and creating relationships between different medical sources on a display device, the computer-implemented method comprising:

- i. receiving a selection of a medical concept with a computer for display on the display device (Dorne; col. 5, line 55 to col. 6, line 51);
- ii. in response to the receiving the selection of the medical concept, the computer:
  - (1) displaying a first image in a first window with the display device comprising an alphanumeric string representing the selected medical concept (Dorne; col. 11, lines 31-63, figures 3A and 3B);
  - (2) displaying one or more second images with the display device and along one or more respective geometrical rays

originating from a central region of the first image, each second image comprising an alphanumeric string representing a parent concept of the selected medical concept and displaying a first symbol on the display device along each respective geometrical ray originating from the central region of the first image;

- (3) displaying a billing code comprising an alphanumeric string in a second window adjacent to the first window with the display device, the billing code originating from a first medical source associated with the selected medical concept (Dorne; col. 7, lines 12-33, col. 11, lines 31-63); and
- (4) displaying a medical code adjacent to the billing code in the second window with the display device, the billing code comprising an alphanumeric string originating from a second medical source that is different from the first medical source and is associated with the selected medical concept (Dorne; col. 7, lines 34-53, col. 11, lines 31-63).

Dorne fails to expressly teach displaying one or more second images with the display device and along one or more respective geometrical rays originating from a central region of the first image, each second image comprising an alphanumeric string representing a parent concept of the selected concept and displaying a first symbol on the display

device along each respective geometrical ray originating from the central region of the first image. However, this feature is well known in the art, as evidenced by Weinberg. In particular, Weinberg discloses this limitation in figures 1, 4, 14, and col. 12, lines 28-49.

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Weinberg with the motivation of to graphically map, navigate and analyze the information in a practical and feasible way (Weinberg; col. 12, lines 28-49).

B. Claim 32 has been amended now to recite the computer-implemented method of Claim 31, wherein the first medical source comprises at least one of International Statistical Classification of Disease and Related Health Problems (ICD) and Physicians' Current Procedural Terminology (CPT) billing codes (Dome; col. 7, lines 34-53).

C. Claim 34 has been amended now to recite the computer-implemented method of Claim 31, wherein the selected medical concept is a first medical concept, the computer implemented method further comprising:

- i. receiving input comprising a second medical concept other than the selected first medical concept (Dome; col. 5, line 55 to col. 6, line 51);

- ii. creating an association between the received input comprising the second medical concept and the selected first medical concept (Dorne; col. 5, line 55 to col. 6, line 51); and
  - iii. storing the association between the received input comprising the second medical concept and the selected first medical concept in memory (Dorne; col. 5, line 55 to col. 6, line 51).
- D. Claim 35 has been amended now to recite the computer-implemented method of Claim 34, wherein the received medical concept is a child concept relative to the selected medical concept (Dorne; col. 6, lines 52-66).
- E. Claim 36 has been amended now to recite the computer-implemented method of Claim 31, further comprising:
  - i. receiving a medical term (Dorne; col. 5, line 55 to col. 6, line 51);
  - ii. creating an association between the received medical term and the selected medical concept (Dorne; col. 5, line 55 to col. 6, line 51);
  - iii. storing the association between the medical term and the selected medical concept in memory (Dorne; col. 3, lines 45-50, col. 5, line 55 to col. 6, line 51).
- F. Claim 40 has been amended now to recite the computer-implemented method of Claim 31, further comprising:
  - i. receiving an inquiry (Dorne; col. 5, line 55 to col. 6, line 51);
  - ii. searching a source comprising the medical concept for the inquiry (Dorne; col. 5, line 55 to col. 6, line 51); and



- iii. displaying one or more medical concepts related to the inquiry with the display device (Dorne; col. 5, line 55 to col. 6, line 51).

G. Claim 46 has been amended now to recite In a computer system, a computer-implemented method for displaying relationships between medical databases on a display device, the computer-implemented method comprising:

- i. receiving a selection of a medical concept with a computer for display on the display device;
- ii. in response to the selection, the computer:
  - (1) displaying a first image in a first window with the display device comprising an alphanumeric string representing the selected medical concept (Dorne; col. 11, lines 31-63, figures 3A and 3B);
  - (2) displaying one or more second images with the display device (Dorne; col. 4, lines 34-44, col. 5, line 55 to col. 6, line 51) and along one or more respective geometrical rays originating from a central region of the first image, each second image comprising an alphanumeric string representing a parent concept of the selected medical concept and displaying a first symbol on the display device along each respective geometrical ray originating from the central region of the first image;
  - (3) displaying a first medical code comprising an alphanumeric string in a second window adjacent to the first window with the

display device, the first medical code being associated with the medical concept (Dorne; col. 7, lines 12-33, col. 11, lines 31-63);  
(4) displaying a second medical code comprising an alphanumeric string in the second window adjacent to the first medical code with the display device, the second medical code being associated with the medical concept (Dorne; col. 7, lines 34-53, col. 11, lines 31-63).

Dorne fails to expressly teach along one or more respective geometrical rays originating from a central region of the first image, each second image comprising an alphanumeric string representing a parent concept of the selected medical concept and displaying a first symbol on the display device along each respective geometrical ray originating from the central region of the first image. However, this feature is well known in the art, as evidenced by Weinberg.

In particular, Weinberg discloses this limitation in figures 1, 4, 14, and col. 12, lines 28-49.

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Weinberg with the motivation of to graphically map, navigate and analyze the information in a practical and feasible way (Weinberg; col. 12, lines 28-49).

- H. Claim 47 has been amended now to recite the computer-implemented method of Claim 46, wherein displaying the first code further comprises displaying one of an international statistical classification of disease (ICD) and related health problem code and a Physician's Current Procedural Term (CPT) code (Dorne; col. 7, lines 34-53).
10. Claim 33, 43 and 48 are rejected under 35 U.S.C. 103(a) as being unpatentable over Dorne (U.S. Patent No. 5,325,293), Weinberg et al. (hereinafter Weinberg) (U.S. Patent No. 6,237,006 B1) and further in view of Jacobs et al. (hereinafter Jacobs) (U.S. Patent No. 6,353,817).

A. Claim 33 has been amended now to recite the computer-implemented method of Claim 31, wherein the second medical source comprises at least one of systemized nomenclature medical reference terminology (SNOMED RT), MESH, UMLS CUI, and pharmacy terminology.

Dorne fails to expressly teach one of systemized nomenclature medical reference terminology (SNOMED RT), MESH, UMLS CUI, and pharmacy terminology, per se, since it appears that Dorne is more directed to examination procedures (Dorne; col. 4, lines 59-64). However, this feature is well known in the art, as evidenced by Jacobs.

In particular, Jacobs discloses a systemized nomenclature medical reference terminology (SNOMED RT) (Jacobs; col. 1, lines 56-67, col. 11, lines 41-61).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Jacobs with the motivation of using of this code is essential for inclusion in the medical knowledge base system (Jacobs; col. 1, lines 56-67).

- B. Claim 43 has been amended now to recite the computer-implemented method of Claim 41, wherein the health care management term further comprises one of a MESH and UMLS CUI term.

The obviousness of modifying the teaching of Dorne to include one of a MESH and UMLS CUI term (as taught by Jacobs) is as addressed above in the rejection of claim 33 and incorporated herein.

- C. Claim 48 has been amended now to recite the computer-implemented method of Claim 46, wherein displaying the second code further comprises displaying one of a MESH and UMS CUI Code.

The obviousness of modifying the teaching of Dorne to include one of a MESH and UMLS CUI term (as taught by Jacobs) is as addressed above in the rejection of claim 33 and incorporated herein.

11. Claims 37 and 38 are rejected under 35 U.S.C. 103(a) as being unpatentable over Dorne (U.S. Patent No. 5,325,293), Weinberg et al. (hereinafter Weinberg) (U.S. Patent No. 6,237,006 B1) and further in view of Ryan (U.S. Patent No. 5,809,476).

A. Claim 37 has been amended now to recite the computer-implemented method of Claim 36, wherein the received medical term comprises one of a synonym, consumer term, grammatical variant, abbreviation, misspelling, truncation, phrase, and a code modifier.

Dome fails to expressly teach the received medical term comprises one of a synonym, consumer term, grammatical variant, abbreviation, misspelling, truncation, phrase, and a code modifier and storing the received medical term in a glossary comprising terms. However, this feature is well known in the art, as evidenced by Ryan.

In particular, Ryan discloses the received medical term comprising a consumer term and storing the received medical term in a glossary comprising terms (Ryan; abstract, col. 3, lines 4-15).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Ryan with the motivation of correcting and supplementing the original information (Ryan; abstract).

B. Claim 38 has been amended now to recite the computer-implemented method of Claim 36, further comprising storing the received medical term in a glossary comprising terms.

Dome fails to expressly teach the received medical term comprises storing the received medical term in a glossary comprising terms.

However, this feature is well known in the art, as evidenced by Ryan.

In particular, Ryan discloses storing the received medical term in a glossary comprising terms (Ryan; abstract, col. 3, lines 4-15).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Ryan with the motivation of correcting and supplementing the original information (Ryan; abstract).

12. Claim 39 is rejected under 35 U.S.C. 103(a) as being unpatentable over Dorne (U.S. Patent No. 5,325,293), Weinberg et al. (hereinafter Weinberg) (U.S. Patent No. 6,237,006 B1) and further in view of Hatzis et al. (hereinafter Hatzis) (U.S. Patent Publication No. 2002/0091680 A1).

A. Claim 39 has been amended now to recite the computer-implemented method of Claim 31, further comprising: receiving input defining a new taxonomy, the taxonomy comprising a hierarchy of medical information; and storing the input in memory.

Dorne fails to expressly teach receiving input defining a new taxonomy, the taxonomy comprising a hierarchy of medical information; and storing the input in memory. However, this feature is well known in the art, as evidenced by Ryan.

In particular, Ryan discloses the received medical term comprising a consumer term and storing the received medical term in a glossary comprising terms (Ryan; abstract, col. 3, lines 4-15). It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Ryan with the motivation of correcting and supplementing the original information (Ryan; abstract).

13. Claims 41-42 and 51 are rejected under 35 U.S.C. 103(a) as being unpatentable over Dorne (U.S. Patent No. 5,325,293), Weinberg et al. (hereinafter Weinberg) (U.S. Patent No. 6,237,006 B1) and further in view of Neshatfar et al. (hereinafter Neshatfar) (U.S. Patent No. 6,490,581B1).

A. Claim 41 has been amended now to recite In a computer system, a computer-implemented method for displaying relationships between medical databases on a display device, the computer-implemented method comprising:

- i. receiving a selection of a medical concept with a computer for display on the display device (Dorne; col. 5, line 55 to col. 6, line 51);
- ii. in response to the selection, the computer:
  - (1) displaying a first image in a first window with the display device comprising an alphanumeric string representing the selected medical concept (Dorne; col. 11, lines 31-63, figures 3A and 3B);
  - (2) displaying one or more second images with the display device (Dorne; col. 4, lines 34-44, col. 5, line 55 to col. 6, line 51)

and along one or more respective geometrical rays originating from a central region of the first image, each second image comprising an alphanumeric string representing a parent concept of the selected medical concept and displaying a first symbol on the display device along each respective geometrical ray originating from the central region of the first image;

- (3) displaying a health care management term comprising an alphanumeric string in a second window adjacent to the first window with the display device, the health care management term being associated with the selected medical concept (Dorne; col. 7, lines 12-33, col. 11, lines 31-63); and
- (4) displaying a medical procedure comprising an alphanumeric string in a third window adjacent to the first and second windows with the display device, the medical procedure being associated with the first medical concept.

Dorne fails to expressly teach along one or more respective geometrical rays originating from a central region of the first image, each second image comprising an alphanumeric string representing a parent concept of the selected medical concept and displaying a first symbol on the display device along each respective geometrical ray originating from the central region of the first image and displaying a medical



procedure (or an item) comprising an alphanumeric string

However, this feature is well known in the art, as evidenced by Weinberg.

In particular, Weinberg discloses this limitation in figures 1, 4, 14, and col. 12, lines 28-49.

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Weinberg with the motivation of to graphically map, navigate and analyze the information in a practical and feasible way (Weinberg; col. 12, lines 28-49).

Dorne fails to expressly teach a third window adjacent to the first and second windows with the display device. However, this feature is well known in the art, as evidenced by Neshatfar.

In particular, Neshatfar discloses a third window adjacent to the first and second windows with the display device (Neshatfar; figures 5 and 7, and col. 5, lines 9-28, col. 8, lines 33-38).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Neshatfar with the motivation of

displaying the representation of the selected object  
(Neshatfar; col. 5, lines 9-28).

B. Claim 42 has been amended now to recite the computer-implemented method of Claim 41, wherein the health care management term further comprises one of an international statistical classification of disease (ICD) and related health problems term and a Physician's Current Procedural Terminology (CPT) term (Dorne; col. 7, lines 34-53).

C. Newly added claim 51 recites the computer-implemented method of claim 46, further comprising displaying a medical procedure comprising an alphanumeric string in a third window adjacent to the first and second windows with the display device, the medical procedure being associated with the medical concept.

The obviousness of modifying the teaching of Dorne to include an alphanumeric string in a third window adjacent to the first and second windows with the display device (as taught by Weinberg and Neshatfar) is as addressed above in the rejection of claim 41 and incorporated herein.

#### ***Response to Arguments***

14. Applicant's arguments with respect to claims 31, 41, 46 have been considered but are moot in view of the new ground(s) of rejection.

#### ***Conclusion***

15. **THIS ACTION IS MADE FINAL.** Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

16. A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the mailing date of this final action.

17. Any inquiry concerning this communication or earlier communications from the examiner should be directed to DILEK B. COBANOGLU whose telephone number is (571)272-8295. The examiner can normally be reached on 8-4:30.

18. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Christopher L. Gilligan can be reached on 571-272-6770. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

19. Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a

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USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/D. B. C./

Examiner, Art Unit 3626

3/4/2009

/Robert Morgan/

Primary Examiner, Art Unit 3626